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Draft country programme document**

Gabon

Summary

The draft country programme document for Gabon is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $3,075,000 from regular resources, subject to the availability of funds, and $4,160,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[1] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	0.6
U5MR (per 1,000 live births)	91
Underweight (%, moderate and severe, 2000)	12
Maternal mortality ratio (per 100,000 live births, 1994/2000)	520
Primary school attendance (% net, male/female, 2000/2001)	94/94
Primary schoolchildren reaching grade 5 (%, 2002/2002)	69
Use of improved drinking water sources (%)	87
Adult HIV prevalence rate (%)	8.1
Child work (%, children 5-14 years old)	—
GNI per capita (US$)	3 940
One-year-olds immunized against DPT3 (%)	38
One-year-olds immunized against measles (%)	55

[1] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. The political situation in Gabon is characterized by peace and security. Since the early 1990s, the country has developed its own brand of democracy, with more than 30 parties united within the presidential group. Following an electoral pledge by the President to provide better quality services for all in health and education, a new Government was put in place in January 2006. Several key social sector ministries were placed directly under ministers of state and others in the Prime Minister's office.

2. According to the 2005 census, the country's population is now 1.5 million, 40 per cent of whom are children under 15 years of age. There are some 40,000 pygmies who often live in remote forest areas without access to adequate basic services. The population growth rate is 2.6 per cent per year.

3. Given its resources from oil revenues, the country may be able to reach several of the Millennium Development Goals if there is adequate political support. Particular progress is likely to be achieved with regard to the Goals for universal primary education, reduction of child mortality, improving maternal health and combating HIV/AIDS. The significant gap between Gabon's gross national income per capita and its Human Development Index ranking, with 60 per cent of the population living under the threshold of poverty, indicates scope for significantly improving the social situation with appropriate policies and investments. However, because Gabon is classified as a middle-income country, it is not eligible for support from the Global Alliance for Vaccination and Immunization. Similarly, although it is heavily indebted, Gabon is not entitled to debt forgiveness under the Heavily Indebted Poor Countries Initiative.

4. During the last 30 years, Gabon's economy has relied on income from exploration of crude oil by foreign companies. Recent discoveries of mineral resources in several parts of the country, combined with a new emphasis on agricultural development and ecotourism (following conversion of virgin rain forests into nature reserves), carry the promise of more sustainable development.

5. Although the infant and under-five mortality rates of 61 and 91 per 1,000 live births respectively remained unchanged, recent government data show that there has been progress. Routine vaccination coverage has increased in the main cities of eight of the country's 10 districts. However, national averages for immunization coverage are still unacceptably low, at 38 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and only 55 per cent for measles. Nationally, coverage for vitamin A supplementation is only 30 per cent. The principal causes of infant mortality are acute respiratory infections, malaria and diarrhoea. The use of basic family practices such as exclusive breastfeeding (6 per cent) or oral rehydration therapy (44 per cent) are lagging behind. Maternal mortality also remains too high, especially because of the poor quality of health services.

6. Gabon's net primary school enrolment rate is among the highest in Africa. In 2000, the net enrolment rate for children aged 6-15 years was estimated at 94 per cent, with very small variations between rural and urban areas. Despite this positive situation, however, the primary education system is characterized by a high number of school drop-outs and high repetition rates mainly due to poor parental support and the poor quality of teaching.

7. The HIV prevalence rate is 8 per cent, a figure that has not increased during the last few years. There are 52,000 people living with HIV/AIDS, including 3,000 children under age 15 years. A 2003 report estimated that during that year alone, about 4,000 persons died from AIDS-related causes. The total number of orphaned children is estimated at a little less than 13,000.

8. Inadequate legislation to ensure care and support to children deprives too many of them of equal opportunities for survival and development. Increased family disintegration, widespread poverty, ignorance, traditional and ritual practices and polygamy — often aggravated by absence of paternal responsibility with a high number of female-headed households — all continue to threaten children's rights. The Committee on the Rights of the Child has recommended that urgent attention must be paid to children in conflict with the law, child trafficking and exploitation, early pregnancies, domestic violence and neglect and abuse of children.

9. In terms of policy development and partnerships, issues affecting children and women are often not given the necessary priority. This is reflected in poor budgetary allocations to support survival, development and protection of children. The role of families and communities, including local governments, is not clearly reflected in national policies and programmes. There is a need to create a sense of social responsibility among key potential partners capable of making more contributions to programmes for children.

Key results and lessons learned from previous cooperation, 2002-2006

Key results

10. The UNICEF programme of cooperation contributed to improved community involvement in local governance through the establishment of community development committees in the target intervention areas in Libreville, Owendo and the province of Ogooué Maritime. Although they still need to become formally integrated into the administrative system of the Government, the committees helped to empower families and to raise community awareness on issues affecting children and women.

11. Strategic use of advertising approaches helped to create a positive public image of Gabon's commitment to addressing the priorities of the UNICEF medium-term strategic plan (MTSP) and the Millennium Development Goals, especially those related to child protection, such as combating child trafficking and vaccine-preventable childhood illnesses. Communication and advocacy interventions thus contributed greatly to creating a strong sense of ownership of key parts of the UNICEF — Government programme of cooperation

12. Since Gabon submitted its initial report to the Committee on the Rights of the Child in 2002, a National Plan of Action has been adopted as part of institutional measures to implement the Committee's key recommendations. Poor coordination and weak definitions of responsibilities among relevant ministries resulted in limited progress, which was further aggravated by inadequate budgeting to ministries with well-defined roles.

13. As a result of high-level advocacy by UNICEF and the World Health Organization (WHO), the Government provided funds to buy vaccines through UNICEF Procurement Services for a period of three years (2004-2006). The availability of these funds and the strategy of "Reach Every District" helped to increase routine immunization coverage for DPT3 in eight of the country's 10 districts from 17 per cent in 2000 to 60 per cent by the end of 2005. The immunization programme was used as an entry point to fight malaria and to promote parental education and birth registration. This strategy has demonstrated the importance of regular supervision and technical field support for improving routine vaccination coverage.

14. UNICEF, in close collaboration with the Embassy of Canada, supported the Ministry of Health in establishing a community health centre in Owendo community. The centre aims to demonstrate the value of a cost-recovery system, which if brought to scale could eventually assure availability of primary health services throughout the country.

15. In the context of having in place policies supportive of good nutrition, a decree prohibiting the importation of non-iodized salt was adopted in 2004, which could make it possible to achieve nationwide salt iodization by 2006. A code prohibiting free distribution of milk substitutes was approved by the Council of Ministers. Adherence to these two key decisions will require continued field monitoring and regular communication support to service providers as well as to the public at large.

16. Thousands of mobile telephone users were sensitized via SMS messages on HIV/AIDS during the launching by the President and First Lady of the "Unite for

Children, Unite against AIDS" campaign. In January 2006, a new Ministry with specific responsibility for combating HIV/AIDS was established. The Minister declared that fighting HIV/AIDS is the duty of all, thus opening the way for a much stronger involvement by non-governmental organizations (NGOs) and civil society.

17. Selected pygmy communities were sensitized leading to their growing awareness of the importance of adopting new life styles to lower high rates of morbidity and mortality. The focus by UNICEF on these marginalized and often discriminated communities also led the Government and the public to adopt a more positive approach to these citizens. Support from the United Kingdom Committee for UNICEF will enable UNICEF to continue to support government efforts to bring all of the pygmies into mainstream society.

18. New legislation on child trafficking and exploitation makes trafficking of children a criminal offence. Gabon has adopted a decree which defines roles and coordination procedures among all partners, including from the Government and NGOs. This is an indication that Gabon is willing to address child trafficking not merely as a national problem, but as one which can only be solved when addressed at the subregional level, namely West and Central Africa. As a strategic partner with the Government in combating child trafficking, the UNICEF Area Office in Libreville extended technical support to the Economic Community of Central African States.

19. Significant progress was made by Government and NGO partners, especially with the Catholic Church and the Islamic community, to establish public and NGO structures that provide assistance, accommodation, medical care and psychosocial support to child victims of trafficking. To date, about 200 children have benefited from these services before a majority of them were repatriated.

20. The country programme helped to strengthen the capacities of the Ministry of Social Affairs in developing and using the data collection systems necessary to make appropriate decisions for social policies and programme development at national level. These systems were established to improve coordination and reporting mechanisms between national and provincial levels, thus enabling the Government and its partners to better monitor progress towards achieving the Millennium Development Goals. The information database will feed into *DevInfo*, the joint United Nations monitoring system for the Goals.

21. In close collaboration with Marathon Oil Corporation, UNICEF and the Ministry of Social Affairs conducted a Youth Forum that reached about 630 young people and adolescents via radio and television in the Province of Ogooué Maritime. The aim of the Forum was to raise awareness on the risks of early pregnancy and sexual exploitation and thus avoid school drop-out by young people and adolescents, particularly girls.

Lessons learned from previous cooperation

22. The launch by UNICEF, in 2003, of a partnership initiative with the private sector, including the oil companies, generated significant support from programme partners, even beyond the targeted business community. This opportunity has created an enabling environment for political commitment, local ownership and national capacity development. Collaboration with selected companies holds the promise of serving as an entry point to the private sector at large.

23. The involvement of the private sector, especially the business community, has also made UNICEF an attractive partner for several non-traditional government ministries, such as Defence and Finance. The demand for partnerships exceeds the current UNICEF capacity for response. A more strategic approach to building partnerships will be required for what is likely to become an increasingly important funding source for children in the future.

24. The midterm review (MTR) of the country programme, held in 2004, showed that there had been limited convergence of different programme components in the three targeted intervention areas of Libreville, Owendo and Ogooué Maritime. Implementation progress was often slow and sustainability of results was threatened because of failure by the Government to allocate the necessary resources; lack of institutional support structures; and continued reliance on centralized decision-making bodies which negatively affected community involvement in areas affecting children and youth.

25. The MTR also concluded that the integrated management structure established in 2001, under which staff in the Area Office in Libreville provide oversight and technical support to two other country offices, Equatorial Guinea and Sao Tome and Principe, had added value to programmes in a cost-efficient manner by way of staff complementarity, joint programme monitoring indicators and development of common management instruments.

The country programme, 2007-2011

Summary budget table

	In thousands of United States dollars		
Programme	*Regular resources*	*Other resources*	*Total*
Policy development, advocacy and partnerships	575	1 650	2 225
Capacity-building for child survival, development and protection	2 000	1 950	3 950
Cross-sectoral costs	500	560	1 060
Total	**3 075**	**4 160**	**7 235**

Preparation process

26. The preparation of the new country programme began in 2004 with the MTR. The Common Country Assessment and the United Nations Development Assistance Framework (UNDAF) were completed in 2005 by the United Nations country team in consultation with communities, NGOs, religious leaders and all government line ministries, under the aegis of the Coordination Unit of the Planning and Development Ministry.

27. UNICEF was assigned a leadership role by the Resident Coordinator in all steps of the country programme preparation process. The 2007-2011 programme of cooperation was formalized during a joint strategy meeting in February 2006.

Goals, key results and strategies

28. The overall goal of the country programme is to contribute to achieving the Millennium Development Goals by building capacities for the realization of the rights of children and families, while creating a child-friendly environment.

29. The country programme will also contribute to the Millennium Development Goals by empowering families to exercise their rights to demand services for children, and strengthen capacities of institutions to offer services ensuring fulfilment of the rights of children and women within national programmes.

30. The programme aims to achieve the following results: (a) families and service providers are empowered to ensure child survival, quality education and early childhood development, contributing to the average annual reduction of the under-five mortality rate of at least 6.6 per cent required to reach Millennium Development Goal 4; (b) legal frameworks are strengthened to enable families, communities and institutions to respond appropriately to prevent and protect children from exploitation, trafficking, abuse and violence; (c) care and services are increased for 13,000 children orphaned and made vulnerable by HIV/AIDS; (d) services for prevention of mother-to-child transmission of HIV (PMTCT) will be extended throughout the country to eventually reach 35,000 women, and all secondary schools in the country will have established peer education AIDS clubs; (e) issues affecting children and women are given high priority in public sector investment programmes and in the allocation of national resources, thus contributing to the required annual 7.4 per cent reduction of maternal mortality to reach Millennium Development Goal 5; (f) partnerships with the private sector expanded and consolidated; and (g) the Government providing up to 20 per cent of its annual budget for basic services.

31. UNICEF will continue to support convergence and concentration of its interventions in the areas targeted by the previous programme, in Libreville, Owendo and Ogooué Maritime, with the intention to go to scale after the MTR in 2009. The programme will stress empowerment of families and communities to enable them to demand better services for children. Capacities of service providers in work planning, setting objectives, programming and monitoring will be strengthened, as will the capacities of institutions for national policy development. Advocacy, communication and strategic partnerships will give visibility and policy support to the mission of UNICEF. Service delivery will be used in selected geographic areas of specific needs and vulnerability, including any emergency response at national level. Children and youth will to the largest extent possible be partners in the planning and execution of these activities.

Relationship to national priorities and the UNDAF

32. This country programme is derived from the UNDAF for 2007-2011, which is based on national priorities and also builds on the poverty reduction strategy paper (PRSP). Through this programme UNICEF will in particular contribute to the first two of the four UNDAF outcomes: (a) children under age five and women of child-bearing age have improved access to quality health services; (b) the national response to HIV/AIDS and malaria is strengthened; (c) local governance and community capacities improved; and (d) reducing poverty with emphasis on vulnerable groups through diversification of the economy. The programme will

support national and community capacity-building, policy development and scaled-up implementation for selected basic services.

Relationship to international priorities

33. The programme will contribute to the development of the country's capacities to respect, protect and promote the rights of children and women as defined in the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. The country programme addresses the goals of *A World Fit for Children*, the Declaration of the General Assembly Special Session on HIV/AIDS and the UNICEF MTSP. The four "Ps" of the "Unite for Children, Unite against AIDS" campaign will also be integrated in all health, protection and education projects. The country programme will give special attention to the Plan of Action for the African Family, adopted by the Conference of Head of States of the African Union in Addis Ababa in 2004. Also in 2004, African Ministers for Family Affairs agreed on implementation strategies and monitoring indicators with the objective of empowering African families and strengthening their capacities to ensure the rights of their children for survival, development and protection.

Programme components

34. The proposed country programme will have two programmes that are in line with the priorities of the UNICEF MTSP for 2006-2009 and in turn with the Millennium Development Goals. While all of the five MTSP focus areas will be addressed, particular emphasis will be given to areas 1 (young child survival and development), 4 (child protection) and 5 (policy advocacy and partnerships for children's rights).

35. The **policy development, advocacy and partnerships** programme aims to ensure that protection and fulfilment of the rights of children and families are given high priority within national policies and programmes. It will promote policy development for appropriate institutional frameworks and resource allocations for priority social areas as well as to seek increased partnerships involving civil society and the private sector.

36. The advocacy and social policy project will achieve the following results: (a) bring issues concerning children to a predominant position on local government agendas and increase the voice and participation of communities and families in the process; (b) institutional capacities of key partners to monitor and report on child rights will be strengthened; (c) specially designed advocacy bulletins on the need for policy development will be targeted at policy makers to influence equitable allocation of national resources in favour of basic social services for children thus assisting the Government to implement its commitment to the "20/20" principles and the PRSP; (d) local governments will be helped to establish monitoring and evaluation systems through the implementation of integrated monitoring, evaluation and research activities. The *DevInfo* database will be used to strengthen data collection systems within the UNDAF, supported by the latest Demographic and Health Survey; and (e) key policies will be reviewed to ensure their coherence with the attainment of the Millennium Development Goals and key initiatives such as the New Economic Partnership for Africa's Development and the African Union Plan of Action on the Family. Child-friendly policies in the areas of child protection and

HIV/AIDS will be promoted both to create a protective environment and to generate a more favourable environment for mobilization and leveraging of funds for children.

37. The communication, partnerships and resource mobilization project will strengthen strategic partnerships and alliances with the private sector and other key potential partners with the capacities and willingness to contribute resources for child rights programming. The main challenge is to build sustainable alliances and to communicate successfully with all partners for leveraging resources and results for children.

38. The **capacity-building for child survival, development and protection** programme aims to strengthen capacities at the level of families, services providers and policy makers in the areas of child survival, development and protection. Key results of this programme will include: (a) increased access to quality health services, thus contributing to Millennium Development Goal 4; (b) improved service delivery through increased orientation of services towards the target population; (c) expansion of PMTCT services to eventually reach all pregnant women; and (d) consistent implementation and monitoring of bilateral agreements on child trafficking, resulting in reduced levels of trafficking and identification of and assistance to victims.

39. The child survival and health promotion project will operate at national, community and family levels. At national level, it will focus on the following results: (a) evidence-based and high-impact health and nutrition interventions and practices, which, when converged, will have a rapid and sustainable impact on maternal and infant mortality rates; (b) it will support nationwide interventions in collaboration with WHO, the United Nations Population Fund and other defined UNDAF partners, and will contribute to achieving Millennium Development Goal 4; (c) the project will contribute to the reduction of mortality and morbidity due to malaria and vaccine-preventable illnesses, especially measles. Approximately 215,000 children aged 0-5 years will be immunized and receive vitamin A supplementation, and insecticide-treated nets (ITNs) will be systematically distributed to fully immunized children.

40. At community level, the project will empower families to obtain better services through their active involvement in a high-impact package of key interventions such as the use of ITNs by children under age five years and pregnant women, vitamin A supplementation, exclusive breastfeeding, oral rehydration therapy and hand-washing. A life-cycle approach will be applied to ensure a continuum of care from pregnancy through childhood interventions in the three selected geographical areas carried over from the previous programme of cooperation. Demonstration models will be developed and replicated on a gradually expanding scale as government and community resources become available. Health and outreach workers will be empowered to conduct parental education in infant feeding and early learning.

41. In case of declared emergencies, the programme will ensure that every child has access to life-saving interventions. UNICEF will support government development and implementation of large-scale avian flu communication strategies based on local conditions, building capacities to ensure people's, and especially children's, health and well-being through adoption of protective hygiene and nutrition behaviours and practices to stop the spread of the disease.

42. At the family level, a rights-based approach will be used to build capacities in terms of knowledge, attitudes and practices, and to empower families through parental education to demand basic services for children. Families will also be empowered to play a stronger role in the management of health centres, based on the community-friendly health centre model brought to fruition during the first half of the country programme.

43. The child-friendly community capacity development project aims at improving children's readiness to start primary school, especially in the poorest, vulnerable and marginalized communities, including pygmies. The project will address all aspects of life skills, parental education and community capacity development through the use of child-friendly schools and community-friendly health centres. It will strengthen local governance systems while establishing child-friendly environments at the levels of families, communities, schools and local authorities. The project will also aim to reduce gender-based disparities, especially to ensure that girls will have equal opportunities with boys to complete primary school and continue secondary education. The school garden initiative, largely financed by the business community, will be strengthened to serve as a link between communities and the school, while serving to teach students, parents and communities alike of need for sustainable development in an increasingly fragile environment.

44. The HIV/AIDS and children project, which is a joint United Nations project, includes the four "Ps" of the campaign, "Unite for Children, Unite against AIDS": PMTCT, paediatric care, protection of orphans and prevention. It will focus on ensuring that all children are born HIV-free, by having in place an effective PMTCT programme. By 2009, all mothers giving birth will have access to a PMTCT site and be aware of its importance for child survival. The Government will receive technical support for establishing policies and budgets to support families and communities particularly affected by children orphaned and made vulnerable by AIDS, and to ensure access to anti-retroviral treatment for all clients (mother, father and child) frequenting PMTCT and treatment sites to prevent orphaning. This project seeks to reduce adolescent's risks and vulnerability to HIV/AIDS by ensuring appropriate knowledge and promoting safe behaviour.

45. The child protection project will strengthen families, communities and institutional capacities and responses to identify and react rapidly to situations of child exploitation, trafficking, domestic violence, neglect and abuse. Through this project, the Government will be assisted in reforming its legal system with a focus on the juvenile justice system. Another aspect will address traditional and ritualistic practices that are harmful to children by identifying strategies and interventions to halt such practices. In the context of this project, the United Nations system will combine efforts in a joint project in Ogooué Maritime province for poverty reduction and family empowerment.

46. Cross-sectoral costs will be used to provide technical support to planning, implementation and monitoring of the country programme, for staff development and to ensure opportunities for collaboration between the three offices covered by the Area Office (Gabon, Sao Tome Principe and Equatorial Guinea).

Major partnerships

47. Collaboration with United Nations agencies will be undertaken within the UNDAF. As noted in paragraphs 44 and 45 above, there will be joint United Nations

planning and implementation on two projects. Strategic alliances and regular contacts will continue to be maintained with donors, media, NGOs, religious groups and government counterparts at all levels, including non-traditional UNICEF partners in the social sector.

48. Partnerships with the private sector, especially the oil sector, will be expanded. Combined with the resources of the State, these partnerships will be necessary to create a sustainable child-friendly programme environment that gradually will reduce Gabon's dependency on external support for child survival, development and protection.

Monitoring, evaluation and programme management

49. The Ministry of Planning is the national coordinating body for the programme of cooperation. Monitoring, research and evaluation activities for the country programme will be coordinated through a five-year integrated monitoring and evaluation plan (IMEP). The country management team will use the IMEP and results-based matrices for effective programme management on the ground. Technical support and oversight to be provided by the Area Office in Libreville will be ensured by the Area Management Team.

50. The staffing structure will be refined on the basis of experiences from the previous country programme with regard to focal points for each MTSP focus area. Tri-country work planning will be further elaborated with a view to improve the oversight functions of the Area Office and to develop cost-efficient implementation plans.

51. A matrix of country office performance indicators will be used to assess strengths and weaknesses, thus providing an opportunity to identify critical issues that significantly affect the situation of children and women throughout the programme cycle. There will be a MTR of the programme in 2009, when the UNDAF will also be reviewed.